WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION **Community Nutrition Programs**

Child and Adult Care Food Program

Sponsoring Organization Review CACFP Site (Child Care Centers)

Name of Sponsoring Organization				Agreement No
2. Date of Review	Meal Service Observed			
Arrival time				
3. Facility Name				
Address				Phone
Current license or alternate approval is available for r	eview			
Name of Site Supervisor				
5. Name of person interviewed at site				
5. Name of person interviewed at site				
6. Are the following food preparation and/or holding and	serving facilities	s pro	perly m	aintained?
	Ye	es	No	Comments
a. Kitchen storage and counters are clean.				
b. Refrigerator clean and maintained at a temperatu or below.	re of 40°F			
c. Freezer clean, defrosted, and maintained at a ten of 0°F or below.	nperature			
d. Dishwashing and sanitizing procedures followed, required by licensing.	as			
e. Foods maintained at proper temps (≤40°F or ≥15	0°F).			
f. Garbage and waste are covered and removed da	ily.			
g. Food handling procedures meet all sanitation req				
h. Food is properly stored in the refrigeration/freeze in dry areas. All open reusable food is labeled, de properly stored in reusable containers.	ated, and			
 Cleaning supplies and other toxic materials are so out of the reach of children and away from food. 	afely stored			
j. Food is stored at least 6" off floor (8 inches if in ba	asement).			
k. Storage areas are secure from theft.				
I. Vended Meals or meals delivered from central kits	chens:			

foods received at proper temps (≤40°F ≥150°F).

a. Menus	are planned by				
			Yes	No	Comments
	menus with recorded substitutions are rall meals claimed for reimbursement.	retained on			
	lenus meet CACFP requirements for each meal type.				
	uantity of food prepared or ordered is ba	sed upon			
e. Self p	t participation figures. reparation sites: a daily record (product antity of food prepared for each meal is ained to assure portion size requirement	correctly			
f. Self p or cor and u prior t	paration sites: CN labeled products are purchased arable information from manufacturer is obtained d for commercially purchased combination items being served on the menu.				
of foo	d meals: Vendors maintain a daily reco d delivered which adequately verifies con n size requirements.				
h. Vend	d meals: Vendors provide copies of CN ation or comparable information from m mmercially purchased combination food	anufacturers			
	ce and Meal Counts meal observed, record the foods served ered.	d to children ag	es 1 th	rough 12	years and the quantity prepare
Component	Foods Used		Qu	antity Pre	pared/Delivered
1ilk					
/leat/Meat .lternate					
ruit and/or egetable					
Grain/Bread					
dditional ood					
b. The	meal documentation corresponds to the	meal observed	. 🗆 Y	es 🗆 N	o If "No", explain
□ Y	Do program adults or any people other than enrolled children eat the center meals? ☐ Yes ☐ No ☐ If yes, where is the number of meals served to program adults and/or others recorded? ☐ Production Records ☐ Daily Meal Participation Record ☐ Other (Specify):				
	Was the quantity of food prepared sufficient for the number of children, program adults, and any other people being served? Yes No If no, indicate why.				
	e physical count of all children participati sipation record either during meal service				nted on the daily meal ☐ Yes ☐ No
	A signed medical statement is on file for children who are not receiving the required USDA m meals claimed due to allergies or other special dietary needs.				equired USDA meal pattern fo
	□YES □NO □N/A If "NO," e	explain.			

Record the foods and the quantities made available to infants (under the age of one year) today according to what is observed during this on-site review.

Component	Foods Served and Quantity Available				
	Birth through 3 months	4 through 7 months	8 through 11 months		
IFIF* or Breast Milk and/or Full Strength Juice					
IFIC** or Meat/Meat Alternate					
Fruit/Vegetable					
Crusty bread or crackers					

^{*} Iron fortified infant formula

ron f	ortified infant cereal						
h.	All required components of the infant meal pattern are provided to the infant and at least one component is supplied by the center for claimed infant meals.						
i.	Are Infant meal records completed for infant meals and snacks claimed for reimbursement?						
	□YES □NO □N/A If "NO," explain.						
j.	A signed medical statement is on file for infants who are not receiving the required USDA infant meal pattern for meals claimed (e.g., are receiving cow's milk instead of formula or table food in lieu of iron fortified infant cereal at breakfast). □YES □NO □N/A If "NO," explain.						
k.	The Infant Meal Notification form was sent to the households of all enrolled infants and is kept on file. □YES □NO □N/A If "NO," explain.						
I.	List the type of iron fortified infant formula the center provides:						
m.	. Total number of reimbursable meals served to eligible infants and children today:						
n.	List the meal counts for the same meal type observed or, if no meal is observed, closest meal to the time on the day of the review for each of the 5 preceding serving days.						
0.	Do the meal counts for the prior five days appear reasonable when compared to today's meal count? ☐ Yes ☐ No, if no, obtain and record an explanation.						
p.	Do the meal counts for today and the prior 5 days appear reasonable when compared to enrollment and attendance records for the corresponding days?						
	if no, obtain and record an explanation.						

9. Are the following records being properly maintained by the staff according to the agency's policies and procedures?

	Yes	No	Comments
a. Enrollment forms updated annually, include days,			
hours, and meals normally received while in care			
b. Daily attendance			
c. Household Size-Income Statements			
d. Household Size-Income Record updated monthly			
e. Participation counts for each meal service,			
recorded during or immediately after the meal			
f. Infant Meal Records for all infant meals and			
snacks claimed.			
g. Dated menus/production records with			
documented substitutes for all meals claimed.			
h. Invoices/receipts for purchases for food service			

10. Are the following Civil Rights requirements met?

	Yes	No	Comments
a. " And Justice For All" Poster is on display			
 b. Parental Notification flier was distributed to households of all enrolled children and is given to all newly enrolled households (child care centers only). 			

11. Is WIC info	mation made available to parents?					
□YES	□NO □N/A If "NO," explain.					
12. Did key site staff receive sponsor training on CACFP requirements within the last year?						
☐ Yes	Give date	☐ No	If no, when will the sponsor pro	ovide training?		
13. Was effect	ive action achieved for all problem(s)	noted du	ring the last review?			
☐ Yes	Give date	☐ No	If no, when will corrective action	n be completed?		
14. Corrective	action required:					
Problems Fou	nd					
During Review	!					
Corrective Act To Be Followe						
10 be 1 ollowe	u					
Corrective Act	ion To Be Completed By (DATE):					
Date and meth	od of follow-up completed to verif	y that cor	rective action was implement	ed:		
Signature	of Sponsoring Organization Represe	entative		Date		
Signature	of Facility Representative			Date		